

Child Care Licensing  
Performance Management Unit

Report to Residential Child Care Management

January, 2014

**Residential Care  
Physical Abuse Investigations  
Focus: Unable to Determine Dispositions**



CCL Performance Management

January, 2014

RC PHAB UTD FY 2013
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**BACKGROUND**

A request was made by the Residential Care (RC) Leadership team to explore whether RC investigators made the correct findings of "Unable to Determine" (UTD) dispositions for Physical Abuse (PHAB) investigations initiated during a twelve-month period. The Performance Management Unit (PMU) was tasked with completing a targeted case reading centered on evaluating this request.

According to the Licensing Policy and Procedure Handbook (LPPH) 6622.3, a possible finding of **Unable to Determine** is documented when a determination could not be made because of an inability to gather enough facts. The investigator concludes that:

- there is not a preponderance of the evidence that abuse or neglect occurred; but
- it is not reasonable to conclude that abuse or neglect did not occur.

From August 1, 2012 to July 31, 2013 the RC Program received 85 investigations alleging Physical Abuse (PHAB) at Child Placing Agency (CPA) and General Residential Operations (GRO), with a disposition of either Reason To Believe (RTB) or Unable To Determine (UTD). Of those 85 investigations, 48 (56.5%) received a disposition of UTD. All 48 cases were reviewed and all regions in the state were included.

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**Quick Overview**

- 31 out of 48 (64.6%) of the reviewed PHAB allegations were incorrectly determined as UTD. This report will focus on the analysis of the areas and reasons of why there is such high percentage of incorrect UTD finding.
- 14 out of 19 (73.7%) incorrect UTD are GROs, and 17 out of 29 (58.6%) are CPAs.
- Region 6 had the most cases, 20 out 48 cases (41.7 %) reviewed, resulting in 15 out 20 (75.4%) having an incorrect UTD finding.
- Of the 48 cases reviewed, Region 1, 2, and 4 each had one UTD, none of which were correct.
- Region 8 has the lowest percentage of incorrect UTD findings, 2 out 7 cases (28.6%) were incorrect.
- 11 out of 31(35.5%) of the incorrect UTD findings should have been RTB, while another 11 (35.5%) did not have sufficient information or documentation to UTD. The remaining 9 out of 31 (29%) should have been Ruled Out.
- Of all the UTDs, 36 out of 48 (75%) involved an injury, 17 out of 48 (35.4%) required medical attention, with the breakdown of the severity of injury as follows:
  - 2 out of 48 (4.2%) were critical
  - 19 out of 48 (39.6%) were serious
  - 15 out of 48 (31.3%) were minor
- 9 of these 17 (52.9%) injuries requiring medical attention were incorrectly UTD.
- Almost all UTD (97.9%) were discussed with a superior, yet two-thirds (66.7%) were not correctly approved. This indicates a missing link between the staffing of a UTD disposition to that of an appropriate approval. Some of the significant explanations cited were:
  - Preponderance explanation was not sufficient
  - Not all parties were interviewed
  - Not all evidence was gathered or reached to support the findings
- 19 out of 48 (39.8%) UTD cases not did have adequate explanation of the preponderance, while 17 of the above 19 (89.5 %) did not have the correct UTD findings. Conversely only 14 of 29 (48.3%) were identified incorrectly when the preponderance was explained thoroughly. This indicates the supervisors are

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approving the incorrect findings even though the preponderance explanations are lacking key information or is contrary to the UTD. Some of the significant issues noted were related to:

- Lack of key information
  - Pertinent questions were not asked
  - Explanations were contrary or inconsistent with the UTD findings
- 30 out of the 31 (96.8%) incorrect UTD were discussed with a supervisor. This indicates the approving supervisors may not have followed through to ensure all areas of the investigation procedure and the investigation conclusion will have the correct findings. Several common reasons as to why the investigations should not have been approved were noted as follows:
  - Preponderance explanation was not sufficient
  - Not all parties were interviewed
  - Not all evidence was reached to support/refute findings
  - Determination did not meet the definition
  - Risks were not thoroughly addressed
- Of the 31 incorrect UTD findings, the following findings should have been approved:
  - 9 (29%) should have been Ruled Out
  - 11 (35.5%) should have Reason to Believe - indicates higher risks to children when there was sufficient evidence to RTB and supervisors failed to approve the correct decision.
  - 11 (35.5%) cannot be determined based on documentation

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**TABLE I: Data – Trend**

Of the 48 UTD investigations reviewed, below is the breakdown of the numbers.

Italicized percentages represent the percentage of the category, not the total. For example: P1 A/N is a category of Priority — 63.6% is the percentage of A/N intakes that are P1. Red indicates a strong deviation from the baseline of 65%

Type	UTD Count	Percentages	Incorrect Disposition	Incorrect Percentages
<b>Total cases read</b>	<b>48</b>		<b>31</b>	<b>64.6%</b>
<b>Priority</b>				
<i>P1 A/N</i>	11	22.9%	7	63.6%
<i>P2 A/N</i>	37	77.1%	24	64.9%
<b>Age Youngest Victim</b>				
<i>0-2 years</i>	12	25.0%	6	50.0%
<i>3-10 years</i>	15	31.3%	11	73.3%
<i>11-13 years</i>	3	6.3%	1	33.3%
<i>14+ years</i>	18	37.5%	13	72.2%
<b>PHAB Categorization</b>				
<i>Discipline</i>	19	39.6%	13	68.4%
<i>Emergency Behavioral Intervention (EBI)</i>	8	16.7%	6	75.0%
<i>Judgment, lack of</i>	11	22.9%	6	54.5%
<i>No indication of abuse</i>	1	2.1%	1	100.0%
<i>Other</i>	9	18.8%	5	55.6%
<i>Injury reported</i>	36	75.0%	22	61.1%
<b>Severity of Injury</b>				
<i>Critical</i>	2	4.2%	0	0.0%
<i>Serious</i>	19	39.6%	12	63.2%
<i>Minor</i>	15	31.3%	10	66.7%
<i>Required Medical Attention</i>	17	35.4%	9	52.9%
<b>Operation Type</b>				
<i>GRO</i>	19	39.6%	14	73.7%
<i>CPA</i>	29	60.4%	17	58.6%

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**TABLE II: Investigative Procedure**

The table below lists whether the investigative procedures were followed.

<b>Investigative Procedure</b>	<b>UTD Count</b>	<b>Percentages</b>	<b>Incorrect Disposition</b>	<b>Incorrect Percentages</b>
<b>Total cases read</b>	<b>48</b>		<b>31</b>	<b>64.6%</b>
<b>Preponderance Explained</b>				
Yes	29	60.4%	14	48.3%
No	19	39.6%	17	89.5%
<b>Documentation reviewed (medical &amp; incident reports, home study, plans etc...)</b>				
Yes	33	68.8%	18	54.5%
No	15	31.3%	13	86.7%
<b>Discussed with Supervisor</b>				
Yes	47	97.9%	30	63.8%
No	1	2.1%	1	100%
<b>Disposition should have been:</b>				
Ruled Out			9	29.0%
Reason To Believe			11	35.5%
Cannot determine based on documentation			11	35.5%
<b>Total</b>			<b>31</b>	<b>100%</b>

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**TABLE III: Regional Statistics**

<b>Region</b>	<b># Reviewed</b>	<b>% by Region</b>	<b># of Incorrect Disposition</b>	<b>% of Incorrect</b>	<b>% of Incorrect by Total Reviewed</b>
<b>Total</b>	<b>48</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>	<b>64.6%</b>
Region 1	1	2.1%	1	3.2%	100.0%
Region 2	1	2.1%	1	3.2%	100.0%
Region 3	9	18.8%	6	19.4%	66.7%
Region 9	0	0.0%	N/A	N/A	N/A
<b>Total Northern District</b>	<b>11</b>	<b>22.9%</b>	<b>8</b>	<b>25.8%</b>	<b>72.7%</b>
Region 4	1	2.1%	1	3.2%	100.0%
Region 5	0	0.0%	N/A	N/A	N/A
Region 6	20	41.7%	15	48.4%	75.0%
<b>Total Eastern District</b>	<b>21</b>	<b>43.8%</b>	<b>16</b>	<b>51.6%</b>	<b>76.2%</b>
Region 7	4	8.3%	3	9.7%	75.0%
Region 8	7	14.6%	2	6.5%	28.6%
Region 10	4	8.3%	2	6.5%	50.0%
Region 11	1	2.1%	0	0.0%	0.0%
<b>Total Southern District</b>	<b>16</b>	<b>33.3%</b>	<b>7</b>	<b>22.6%</b>	<b>43.8%</b>

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**Recommendations:**

1. Based on the 64.6% of incorrect UTD findings, it is recommended that Program Managers immediately implement a procedure to have a secondary supervisor approve all UTD investigations. This is to provide another supervisor's view of the disposition, and to help reduce the frequency of incorrect UTD disposition. The investigator should document the secondary approval as a contact in the investigation Contact List.
2. Because only specific regions have high percentages of supervisors approving the incorrect findings, it is recommended the Lead Investigation Analyst (LIR,) in conjunctions with the CCI trainers, review the Child Care Investigation (CCI) training curriculum for further possibility of providing additional trainings relating to UTD findings for those regions with high percentage of incorrect approval.
3. On average, RC supervisors are case reading about 45 Abuse/Neglect cases every month. It is recommended PMU Case Analysts and regional Risk Analysts conduct 50 percent Read Behinds of those supervisory case readings relating to PHAB allegations, starting in March, 2014. This is another avenue to explore further whether supervisors are correctly assessing Abuse/Neglect investigations through their case readings.

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